

UNIVERSITY OF MICHIGAN HOSPITALS & HEALTH CENTERS
Request and Consent to
Medical, Surgical, Radiological or Other Procedures
Page 3 of 3

BIRTHDATE _____

NAME _____

CPI No: _____

SEX: M F VISIT NO. _____

Date: _____ Time: _____ A.M. / P.M.

PLEASE PRINT CLEARLY WHEN COMPLETING THIS SECTION.

1. My diagnoses/condition(s) are: _____

2. My recommended procedure(s) have been explained by: _____ ID#: _____

They are: _____

3. My risks include: _____

4. I understand the approximate location of my procedure (operative field) as identified on the illustrations.

I have read all of the attached information. I have been given the chance to ask any questions. I understand the answers and have no other questions. I consent to the following:

PROCEDURE(S)

☐ I consent to the procedure(s) listed in #2 above (please initial).

Exceptions (to be completed by Provider ONLY): _____

BLOOD TRANSFUSIONS ☐ Not anticipated

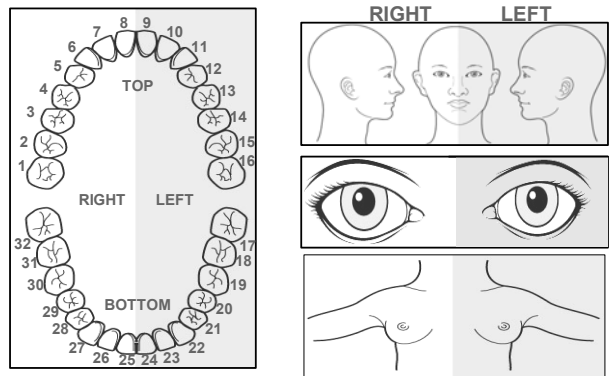
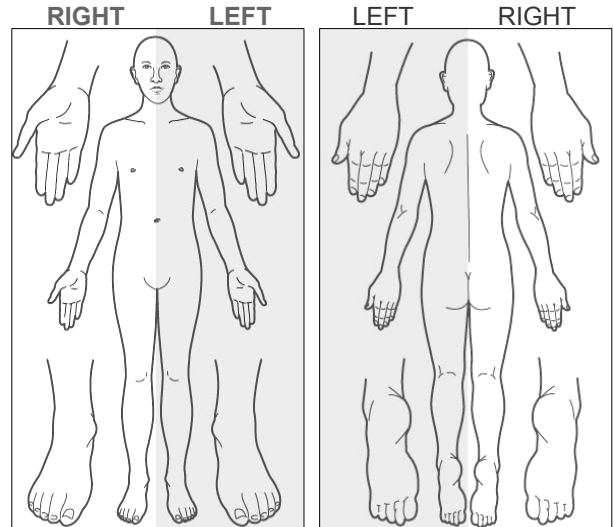
☐ I consent to all transfusions given during my hospitalization or course of treatment (please initial).

Exceptions (to be completed by Provider ONLY): _____

 Signature of Patient or Legally Authorized Representative (if patient is a minor or unable to sign)

 Consent Obtained By:

 Date:



MUST CHECK ONE BOX BELOW:

☐ **Operative Field:** Check here if the site was marked above. Marking operative field is necessary for all surgical procedures involving right/left distinction and multiple structures, such as fingers or toes.

Attending Surgeon must initial here to verify operative field.



If not initialed, the Attending Surgeon will be paged to mark the site preoperatively on the day of surgery.

☐ **Specific Surgical Site:** Check here if the site will be marked preoperatively on the day of surgery. The Attending surgeon will be paged on the day of surgery. This checkbox should be used for procedures requiring specific surgical site verification, such as lymph nodes, skin lesions, or breast masses; or identification on the day of surgery, such as cochlear implants, donor nephrectomies, or transplants.

☐ **Intraoperative Surgical Site:** Check here if the site will be determined on the day of surgery based on Intraoperative Testing. This checkbox should be used for procedures requiring intraoperative surgical site verification, such as cochlear implants requiring EEABR (Electrical Evoked Auditory Brainstem Response) testing or spinal level requiring confirmation by x-ray.

☐ **Excluded Sites:** Check here if the operative site is considered an excluded site (see page 1).